

Case Number:	CM13-0022830		
Date Assigned:	11/15/2013	Date of Injury:	10/13/2010
Decision Date:	01/02/2014	UR Denial Date:	08/15/2013
Priority:	Standard	Application Received:	09/11/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery has a subspecialty in Reconstructive Surgery and is licensed to practice in Illinois, Texas and West Virginia. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 62-year-old male who reported an injury on 10/13/2010 with mechanism of injury being the patient was unloading a bulky heavy box into a pickup truck and the box slipped and pulled the right shoulder down. The patient was noted to have been treated with physical therapy, chiropractic care, and a TENS unit in 2011. The patient's diagnosis was not provided. The request was made for right shoulder arthroscopy with subacromial decompression and repair of a labral tear, pre-op medical clearance, and physical therapy 3 visits per week for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Right shoulder arthroscopy with subacromial decompression and repair of the labral tear:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Practice Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.
Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: The employee was noted to have an MRI of the right shoulder without contrast on 03/14/2011 with an official read per Robert O. Lindsey, MD which revealed: (1) mild tendinosis/tendinopathy of the supraspinatus tendon; (2) there is mild narrowing of the subacromial space secondary to hypertrophic degenerative changes of the AC joint; (3) there is mild tenosynovitis of the tendon of the long head of the biceps muscles. The tendon of the long

head biceps muscle is intact and is within the bicipital groove. There is a small effusion within the tendon sheath consistent with mild tenosynovitis. The employee was noted to have MR arthrogram of the right shoulder on 06/29/2012 with official read per John Crues, MD which revealed: (1) moderate supraspinatus tendinosis with articular-sided fraying; (2) there is a focal cleft involving the undersurface of the superior labrum compatible with the tear. The Qualified Medical Examination dated 04/23/2013 indicated that future medical treatment for the employee included a corticosteroid injection for subdeltoid bursa and bicipital grooves if deemed necessary and a right shoulder arthroscopic surgery with subacromial decompression and repair of the labral tear followed by physical therapy. The ACOEM Guidelines recommend surgery for impingement syndrome when patients have had conservative care for 3 to 6 months prior to the consideration of surgery including the patient have cortisone injections. The clinical documentation submitted for review failed to provide documentation of adequate recent conservative care, a recent cortisone injection and the patient's response to it, signs of impingement on objective physical examination, as it failed to provide a recent thorough physical examination with objective findings supportive of the requested service. As such, the request for a subacromial decompression portion of the surgery would not be supported. California MTUS/ACOEM Guidelines are silent regarding surgery for SLAP lesions. SLAP lesions are repaired for a type II or type IV lesion. While there was noted to be a focal tear, the clinical documentation failed to provide that 50% of the tendon was involved to indicate this was a type IV vertical tear. The request for a right shoulder arthroscopy with subacromial decompression and repair of the labral tear is not medically necessary and appropriate.

Pre-operative medical clearance: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Practice Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation California Department of Industrial Relations, Division of Workers' Compensation, the Physician Reviewer based his/her decision on the website for the Society of General Internal Medicine..

Decision rationale: The California MTUS/ACOEM Guidelines do not address preoperative clearance and the Official Disability Guidelines are also silent on preoperative clearance. Per the Society of General Internal Medicine Online, "Preoperative assessment is expected before all surgical procedures." The clinical documentation submitted for review failed to provide objective findings indicative of the need for surgery. The request for pre-operative medical clearance is not medically necessary and appropriate.

Physical therapy right shoulder 3 x 6: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Practice Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10 and 27.

Decision rationale: The California MTUS Postsurgical Guidelines recommend 24 visits over 14 weeks with an initial course of therapy being \hat{A} ½ the number of visits specified in the general course of therapy. The clinical documentation submitted for review failed to provide the necessity for the surgery and as such, the request for physical therapy 3 times a week for 6 weeks is not medically necessary. The request for physical therapy three (3) times per week for six (6) weeks is not medically necessary and appropriate.